


Adding/Correcting Drug Information on a Claim Replacement in CHAMPS

Update Drug Information



To use when claims get an invalid NDC rejection


EX: CARC 181, 16 with RARC M119

Welcome to MMIS - Microsoft Internet Explorer

 My Inbox Admin Provider **Claims** Reference Member TPL Rate Setting PA Contract/MC

Welcome 0 domain and CHAMPS Full Access profile. Links: --Select--

  Path: [Provider Portal](#)

Menu 

Close

Adjust Claims:

TCN:

To bring up your claim in Champs.
You will select: Manage Claims>> Adjust Void Claims
Then input your TCN you need to correct/add NDC

?		Header TCN: 321027110008668000 Beneficiary ID: <input type="text"/>	Name: CL <input type="text"/>
		Show: ---SELECT---	

TCN ▲▼	Error Description ▲▼	Erroneous Data ▲▼
No Records Found !		

Header Details:

TCN: <input type="text" value="321027110008668000"/> Original TCN: <input type="text"/> No Of Lines: 4 Related Cause: <input type="text" value="NO"/>	Claim Type: P - Med Supplies/DME/P&O and Contractors Adjustment Source: Medicare: Y	Source: Xover Part B Claim Status: Paid Commercial: N
Beneficiary ID: <input type="text"/> * Gender: <input type="text" value="F-Female"/> * Patient Account Number: <input type="text"/>	Last Name: <input type="text"/> DOB: <input type="text"/> *	First Name: <input type="text"/> Age: <input type="text" value="78"/> Admit Date: <input type="text"/>
Billing Provider ID: <input type="text"/> Type: <input type="text" value="NPI"/> Rendering Provider ID: <input type="text"/> *Type: <input type="text"/> Auth #: <input type="text"/>	Pay To Provider ID: <input type="text"/> Type: <input type="text" value="NPI"/> Referring Provider ID: <input type="text"/> Type: <input type="text"/> Auth #: <input type="text"/>	CLIA Number: <input type="text"/>
Diagnosis Codes: 1: <input type="text" value="49390"/> * 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> 5: <input type="text"/> 6: <input type="text"/> 7: <input type="text"/> 8: <input type="text"/>		
Submitted Charges: <input type="text" value="\$958.00"/> Warrant/EFT Number: <input type="text"/>	Billed Amount: <input type="text" value="\$445.18"/> RA Number: <input type="text"/>	Approved Amount: <input type="text" value="\$0.17"/> Paid Date: <input type="text" value="2010-12-09 00:00:00"/>

HEADER screen of the claim.
 At the top of the screen it shows HEADER TCN.
 Select the Red/Green File folders to go to the service line list.

?

Header TCN: 321027110008668000
Beneficiary ID:

Name: C

Show: ---SELECT---

Service Lines:

Filter By : And Go

<input type="checkbox"/>	TCN ▲▼	Revenue Code ▲▼	Procedure Code ▲▼	From Date ▲▼	To Date ▲▼	Units ▲▼	Submitted Charges ▲▼	Approved Amount ▲▼	Claim Status ▲▼
<input type="checkbox"/>	321027110008668001		J7613	09/13/2010	09/13/2010	300	\$50.00	\$0.00	Denied
<input type="checkbox"/>	321027110008668002		J7626	09/13/2010	09/13/2010	120	\$840.00	\$0.00	Denied
<input type="checkbox"/>	321027110008668003		A7003	09/13/2010	09/13/2010	2	\$8.00	\$0.17	Paid
<input type="checkbox"/>	321027110008668004		Q0513	09/13/2010	09/13/2010	1	\$60.00	\$0.00	Denied

This is the service line list. This screen lists each line on the claim.
Click on the blue TCN of the line to add/correct NDC information.

Header TCN: 321027110008668000	Name: <input type="text"/>
Line TCN: 321027110008668001	
Beneficiary ID: <input type="text"/>	Show: <input type="text" value="---SELECT---"/>

TCN ▲▼	Error Description ▲▼	Erroneous Data ▲▼
No Records Found!		

Service Line Detail:



TCN: 321027110008668001

Adjustment Source:
EPSDT Indicator:

Claim Type: P - Med Supplies/DME/P&O and Contractors
Claim Status: Denied
Emergency Indicator:

Source: Xover Part B
Pricing Rule:

Beneficiary ID:
Gender: Female
Benefit Plan: Full Fee-for-service Medical Assistance

Last Name:
DOB:

First Name:
Age: 76

Rendering Provider ID: * Type: *
Auth #:
From Date: 09/13/2010

Taxonomy:
Auth #:
To Date: 09/13/2010

Referring Provider ID: Type:
Place of Service: 12-Home

Procedure Code: J7813
Submitted Procedure Code: J7813 *
Diagnosis Pointers: 1: 1 * 2: 3: 4:
Manual Units:
Manual Price:

Modifiers: 1: KO 2: 3: 4:
Submitted Modifiers: 1: KO 2: 3: 4:
Billed Units: 300 *
ASC Code:

Paid Units: 300
ASC Status:

Submitted Charges: \$50.00 *
Medicare Paid: \$16.56
Other Insurance:

Billed Amount: \$33.44
Medicare Co-insurance: \$4.14
Other Insurance Co-Pay:

Approved Amount: \$0.00
Medicare Deductible:
Other Insurance Deductible:

Previous Next Save Cancel

Service LINE detail showing the TCN that ends in a one(1)
Your Header TCN always ends in a zero (0)

Header TCN: 321027110008668000 Line TCN: 321027110008668001 Beneficiary ID: Name: 		
Show: ---SELECT---		
TCN ▲▼	Error Description ▲▼	Erroneous Data ▲▼
No Records Found !		
Service Line Detail: 		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>➔ TCN: 321027110008668001</p> <p>Adjustment Source: </p> <p>EPSDT Indicator: No</p> </div> <div style="width: 30%;"> <p>Claim Type: P - Med Supplies/DME/P&O and Contractors</p> <p>Claim Status: Denied</p> <p>Emergency Indicator: </p> </div> <div style="width: 30%;"> <p>Source: Xover Part I</p> <p>Pricing Rule: </p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Beneficiary ID: </p> <p>Gender: Female</p> <p>Benefit Plan: Full Fee-for-service Medical Assistance</p> </div> <div style="width: 30%;"> <p>Last Name: </p> <p>DOB: </p> </div> <div style="width: 30%;"> <p>First Name: </p> <p>Age: 76</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Rendering Provider ID: * Type: *</p> <p>Auth #: </p> <p>From Date: 09/13/2010</p> </div> <div style="width: 30%;"> <p>Taxonomy: </p> <p>Auth #: </p> <p>To Date: 09/13/2010</p> </div> <div style="width: 30%;"> <p>Referring Provider ID: Type: </p> <p>Place of Service: 12-Home</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Procedure Code: J7813</p> <p>Submitted Procedure Code: J7813 *</p> <p>Diagnosis Pointers: 1: 1 * 2: 3: 4: </p> <p>Manual Units: </p> <p>Manual Price: </p> </div> <div style="width: 30%;"> <p>Modifiers: 1: KO 2: 3: 4: </p> <p>Submitted Modifiers: 1: KO 2: 3: 4: </p> <p>Billed Units: 300 *</p> <p>ASC Code: </p> </div> <div style="width: 30%;"> <p>Paid Units: 300</p> <p>ASC Status: </p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Submitted Charges: \$50.00 *</p> <p>Medicare Paid: \$16.66</p> <p>Other Insurance: </p> </div> <div style="width: 30%;"> <p>Billed Amount: \$33.44</p> <p>Medicare Co-insurance: \$4.14</p> <p>Other Insurance Co-Pay: </p> </div> <div style="width: 30%;"> <p>Approved Amount: \$0.00</p> <p>Medicare Deductible: </p> <p>Other Insurance Deductible: </p> </div> </div>		
Previous Next Save Cancel		

From the service line detail Select DRUG INFORMATION from the Show drop down menu.

Welcome to MMIS - Microsoft Internet Explorer

? Header TCN: 321027110008668000
Line TCN: 321027110008668001
Beneficiary ID: Name: Show: ---SELECT---

Drug Information List:

<input type="checkbox"/>	Drug Code	Quantity	Prescription Number	Unit Price	Unit Of Measurement
<input type="checkbox"/>					

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Save Delete Cancel

Page ID: dlgAdjustServiceLineDrugInfoList(Claims)

Drug Information screen. Add/delete or just verify drug information.

Welcome to MMIS - Microsoft Internet Explorer

Header TCN: 411111670013123000
Line TCN: 321027110008668001
Beneficiary ID: [REDACTED] Name: [REDACTED]

Show: ---SELECT---

Drug Information List:

<input type="checkbox"/>	Drug Code	Quantity	Prescription Number	Unit Price	Unit Of Measurement
<input type="checkbox"/>	00487950160	300		\$50.00	UN-Units
<input type="checkbox"/>					

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Save Delete Cancel

Page ID: dlAdjustServiceLineDrugInfoList(Claims)

Once NDC and additional information is added click SAVE.
Note: at the top you can see you are on Service line one (1) still.

Welcome to MMIS - Microsoft Internet Explorer

Header TCN: 411111670013123000
 Line TCN: 321027110008668001
 Beneficiary ID: [Redacted] Name: [Redacted]

Show: ---SELECT---

Drug Information List:

<input type="checkbox"/>	Drug Code	Quantity	Prescription Number	Unit Price	Unit Of Measure
<input type="checkbox"/>	00487950160	300		\$50.00	UN-Units
<input type="checkbox"/>					

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Save Delete Cancel

Page ID: dlgAdjustServiceLineDrugInfoList(Claims)

---SELECT---
 Claim Cutbacks
 Claim Enhancement Amounts
 Claim Header Detail
 Claim Limit List
 Claim Notes
 Indicators
 Other Payers Information
 Service Line Detail
Service Line List
 Situational Information

After hitting save select SERVICE line LIST from the SHOW drop down menu if you need to change or correct an additional line.

Service Line List - Microsoft Internet Explorer

Header TCN: 411111670013123000
Beneficiary ID: Name:

Show:

Service Lines:

Filter By : And Go

<input type="checkbox"/>	TCN ▲▼	Revenue Code ▲▼	Procedure Code ▲▼	From Date ▲▼	To Date ▲▼	Units ▲▼	Submitted Charges ▲▼	Approved Amount ▲▼	Claim Status ▲▼
<input type="checkbox"/>	411111670013123001		J7613	09/13/2010	09/13/2010	300	\$50.00		In Process
<input type="checkbox"/>	411111670013123002		J7626	09/13/2010	09/13/2010	120	\$840.00		In Process
<input type="checkbox"/>	411111670013123003		A7003	09/13/2010	09/13/2010	2	\$8.00		In Process
<input type="checkbox"/>	411111670013123004		Q0513	09/13/2010	09/13/2010	1	\$60.00		In Process

<<Prev Viewing Page 1 Next>> 1 Go Page Count SaveToXLS

You are now back at the service line list detail. Select your next TCN/Line that you need to correct.

Show: ---SELECT---

TCN ▲▼	Error Description ▲▼	Erroneous Data ▲▼
No Records Found !		

Service Line Detail:

TCN: 411111670013123001

Adjustment Source:

EPSTD Indicator:

Claim Type:

Claim Status: In Process

Emergency indicator:

Source: Web

Pricing Rule:

Beneficiary ID:

Gender: Female

Benefit Plan:

Last Name:

DOB:

First Name:

Age:

Rendering Provider ID: * Type: *

Auth #:

From Date: 09/13/2010

Taxonomy:

Auth #:

To Date: 09/13/2010

Referring Provider ID: Type:

Place of Service: 12-Home

Procedure Code: J7613

Submitted Procedure Code: J7613 *

Diagnosis Pointers: 1: 1 * 2: 3: 4:

Manual Units:

Manual Price:

Modifiers: 1: KO 2: 3: 4:

Submitted Modifiers: 1: KO 2: 3: 4:

Billed Units: 300 *

ASC Code:

Paid Units:

ASC Status:

Submitted Charges: \$50.00 *

Medicare Paid:

Other Insurance:

Billed Amount:

Medicare Co-insurance:

Other Insurance Co-Pay:

Approved Amount:

Medicare Deductible:

Other Insurance Deductible:

Previous Next Save Cancel

Even though line 2 was selected on the service line list. It still took us back to line 1 of the claim. You can see this by looking again at the service line detail. You must click NEXT to go to the next line. Regardless of what line you select in service line list it will take you back to line 1.

?	Header TCN: 411111670013123000 Line TCN: 411111670013123002 ← Beneficiary ID: 	Name: Show: ---SELECT---
---	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

TCN ▲▼	Error Description ▲▼	Erroneous Data ▲▼
No Records Found !		

Service Line Detail:

TCN: 411111670013123002 ←		Claim Type: Claim Status: In Process Emergency indicator: <input type="text"/>	Source: Web Pricing Rule:
Adjustment Source: EPSDT Indicator: <input type="text"/>			
Beneficiary ID: Gender: Female Benefit Plan:	Last Name: DOB: 	First Name: Age:	
Rendering Provider ID: <input type="text"/> * Type: <input type="text"/> * Auth #: <input type="text"/> From Date: 09/13/2010	Taxonomy: Auth #: <input type="text"/> To Date: 09/13/2010	Referring Provider ID: <input type="text"/> Type: <input type="text"/> Place of Service: 12-Home	
Procedure Code: J7826 Submitted Procedure Code: J7826 *	Modifiers: 1: KO 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> Submitted Modifiers: 1: KO 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>		
Diagnosis Pointers: 1: 1 * 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> Manual Units: <input type="text"/> Manual Price: <input type="text"/>	Billed Units: <input type="text"/> 120 * ASC Code: <input type="text"/>	Paid Units: ASC Status: <input type="text"/>	
Submitted Charges: \$840.00 * Medicare Paid: <input type="text"/> Other Insurance: <input type="text"/>	Billed Amount: <input type="text"/> Medicare Co-insurance: <input type="text"/> Other Insurance Co-Pay: <input type="text"/>	Approved Amount: <input type="text"/> Medicare Deductible: <input type="text"/> Other Insurance Deductible: <input type="text"/>	

Previous
Next
Save
Cancel

Service line 2. To go to a different line you will hit NEXT or PREVIOUS to move through the different service lines of the claim. Take note of the LINE TCN you are on before making changes.

TCN ▲▼	Error Description ▲▼	Erroneous Data ▲▼
No Records Found !		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> Service Line Detail: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Adjustment Source: EPSDT Indicator: <input type="text"/> </div> <div> Claim Type: Claim Status: In Process Emergency indicator: <input type="text"/> </div> <div> Source: Web Pricing Rule: </div> </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div> Beneficiary ID: <input type="text"/> Gender: Female Benefit Plan: <input type="text"/> </div> <div> Last Name: <input type="text"/> DOB: <input type="text"/> </div> <div> First Name: <input type="text"/> Age: <input type="text"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Rendering Provider ID: <input type="text"/> * Type: <input type="text"/> * Auth #: <input type="text"/> From Date: 09/13/2010 </div> <div> Taxonomy: <input type="text"/> Auth #: <input type="text"/> To Date: 09/13/2010 </div> <div> Referring Provider ID: <input type="text"/> Type: <input type="text"/> Place of Service: 12-Home </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Procedure Code: J7626 Submitted Procedure Code: J7626 * Diagnosis Pointers: 1: 1 * 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> Manual Units: <input type="text"/> Manual Price: <input type="text"/> </div> <div> Modifiers: 1: KO 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> Submitted Modifiers: 1: KO 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/> Billed Units: <input type="text"/> 120 * ASC Code: <input type="text"/> </div> <div> Paid Units: <input type="text"/> ASC Status: <input type="text"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Submitted Charges: \$840.00 * Medicare Paid: <input type="text"/> Other Insurance: <input type="text"/> </div> <div> Billed Amount: <input type="text"/> Medicare Co-insurance: <input type="text"/> Other Insurance Co-Pay: <input type="text"/> </div> <div> Approved Amount: <input type="text"/> Medicare Deductible: <input type="text"/> Other Insurance Deductible: <input type="text"/> </div> </div> </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; align-items: center;"> <div style="flex-grow: 1;"> <div style="border: 1px solid black; padding: 2px;"> Show: ---SELECT--- </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> ---SELECT--- Claim Cutbacks Claim Enhancement Amounts Claim Header Detail Claim Limit List Claim Notes Drug Information Indicators Other Payers Information Service Line List Situational Information </div> </div> <div style="margin-left: 10px;"> </div> </div> </div>		

Now you follow the same steps as line 1.
Clicking on DRUG INFORMATION in the SHOW drop down menu.

Welcome to MMIS - Microsoft Internet Explorer

Header TCN: 411111670013123000
Line TCN: 411111670013123002
Referring ID:
Name: /

Show: ---SELECT---

Drug Information List:

<input type="checkbox"/>	Drug Code	Quantity	Prescription Number	Unit Price	Unit Of Measurement
<input type="checkbox"/>					

<< Prev Viewing Page 1 Next >> 1 Go Page Count Save To XLS

Save Delete Cancel

Page ID: dlgsAdjustServiceLineDrugInfoList(Claims)

The LINE TCN now shows LINE 2 on the drug information screen.
Make sure to click save once information is updated.

Welcome to MMIS - Microsoft Internet Explorer

Header TCN: 411111670013123000
Line TCN: 411111670013123002
Beneficiary ID: [redacted] Name: [redacted]

Show: ---SELECT---

Drug Information List:

<input type="checkbox"/>	Drug Code	Quantity	Prescription Number	Unit Price	Unit Of M
<input type="checkbox"/>	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

<<Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Page ID: dlgAdjustServiceLineDrugInfoList(Claims)

- SELECT---
- Change Log List
- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail
- Claim Limit List
- Claim Notes
- Error History
- Indicators
- Other Payers Information
- Service Line Detail
- Service Line List
- Situational Information

Select CLAIM HEADER DETAIL from the SHOW drop down Menu to take you back to the HEADER screen.

Welcome to RMIS - Microsoft Internet Explorer

Header TCN: 321027110008668000
Beneficiary ID: Name:

Show: | TCN ▲▼ | Error Description ▲▼ | Erroneous Data ▲▼ |
| --- | --- | --- |
| No Records Found ! | | |

Header Details:

TCN: Claim Type: P - Med Supplies/DME/P&O and Contractors Source: Xover Part B
 Original TCN: Adjustment Source: Claim Status: Paid
 No Of Lines: 4 Medicare: Y Commercial: N
 Related Cause:

Beneficiary ID: * Last Name: First Name:
 Gender: F-Female * DOB: * Age:
 Patient Account Number: Admit Date:

Billing Provider ID: Type: Pay To Provider ID: Type:
 Rendering Provider ID: * Type: * Referring Provider ID: Type:
 Auth #: Auth #: CLIA Number:

Diagnosis Codes: 1: * 2: 3: 4: 5: 6: 7: 8:

Submitted Charges: Billed Amount: Approved Amount:
 Warrant/EFT Number: RA Number: Paid Date:



HEADER screen. Click Save again then ADJUST and your claim adjustment is completed.

Welcome to MMIS - Microsoft Internet Explorer

Header TCN: 410900700000137000
Beneficiary ID: 1111111111 Name: Beneficiary

Adjust Claim:

Please enter the following information:

Adjustment Source: PIA-Provider Initiated AD *

Comment:

OK Cancel

Select PIA – Provider Initiated Adjustment then put in a comment and click OK.